

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09784,254

FILING DATE  
02.16.01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9	/						59		
10		/					60		
11		/					61		
12		/					62		
13	/						63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18		/					68		
19		/					69		
20		/					70		
21	/						71		
22		/					72		
23		/					73		
24		/					74		
25	/						75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31		/					81		
32		/					82		
33	/						83		
34		/					84		
35		/					85		
36		/					86		
37	/						87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7						TOTAL IND.		
TOTAL DEP.	30	↓		↓		↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	37						TOTAL CLAIMS		